

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36299

Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City St. Louis, Mo.Registration District No. 791Primary Registration District No. 21008(d) Street No. 5656 W. Florissant Ave. St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clarence Booth Martin, Sr.(a) Residence, No. 5656 W. Florissant Ave. St. 7

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFCharlotte Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 26th, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

64428day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work
was done, as saw mill, bank, etc.None10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis, Mo.

FATHER

13. NAME John Martin14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Penn.

MOTHER

15. MAIDEN NAME Jennie Booth16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)England17. INFORMANT
(ADDRESS)Charlotte Martin (Wife.)
5656 W. Florissant Ave.

18. BURIAL, CREMATION, OR REMOVAL

Bellefontaine Cemetery Oct. 26th, 193719. FUNERAL DIRECTOR
(ADDRESS)Kraeger-Voss-Fix, Inc.
3402 N. Kingshighway

20. BY

Oct 25 1937J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/23/1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Apoplexy
Arteriosclerosis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Joseph M. Ziemer(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppe, Licensed Embalmer No. 2971

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Albert G. Hoppe

Licensed Embalmer No. 2971

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)